PART B - FEE(S) TRANSMITTAL								_	
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01 FC	:1504 300.00 UP							(Signature)	
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V3 1 C	APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/692,016	10/24/2003		John Joseph O'Connor		604-697	8514		
	TITLE OF INVENTION: TIBIAL COMPONENT								
	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400		S	300	\$1700	04/24/2006	
	EXAMINER		ART UNIT		CLASS-S	CLASS-SUBCLASS			
	STEWART, ALVIN J		3738		623-	623-020320			
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							•	
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	:					=		cation identified above. the assignee or other party in	
	Authorized Signature				_		April 20, 2006		
	Typed or printed name	Leonard C. Mi	tchard		_	Registration	No. 29,009		

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